MANAWA COMMUNITY NURSING CENTER, INC.

400 EAST 4TH

MANAWA	54949	Phone: (920) 596-2566	i	Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Cor	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed (12/31/03):	57	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/03):	62	Title 19 (Medicaid) Certified?	Yes
Number of Resi	dents on 12/31	/03:	41	Average Daily Census:	45

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents ((12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis 		Age Groups	\{\bar{\}}		19.5 41.5
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	9.8	More Than 4 Years	31.7
Day Services	No	Mental Illness (Org./Psy)	17.1	65 - 74	7.3		
Respite Care	Yes	Mental Illness (Other)	7.3	75 - 84	39.0		92.7
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	29.3	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	14.6	Full-Time Equivalent	
Congregate Meals	Yes	Cancer	0.0			Nursing Staff per 100 Res:	idents
Home Delivered Meals	No	Fractures	2.4		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	46.3	65 & Over	90.2		
Transportation	No	Cerebrovascular	14.6			RNs	12.6
Referral Service	No	Diabetes	4.9	Gender	%	LPNs	11.1
Other Services	No	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	7.3	Male	31.7	Aides, & Orderlies	38.2
Mentally Ill	No			Female	68.3		
Provide Day Programming for			100.0				
Developmentally Disabled	No			1	100.0		
*********	****	******	*****	******	*****	*******	*****

Method of Reimbursement

		edicare			edicaid itle 19			Other]	Private Pay			amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	2	100.0	295	29	96.7	107	0	0.0	0	8	88.9	135	0	0.0	0	0	0.0	0	39	95.1
Intermediate				1	3.3	89	0	0.0	0	1	11.1	135	0	0.0	0	0	0.0	0	2	4.9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		30	100.0		0	0.0		9	100.0		0	0.0		0	0.0		41	100.0

MANAWA COMMUNITY NURSING CENTER, INC.

Admissions, Discharges, and	- 1	Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period							
	- 1				% Needing		Total
Percent Admissions from:	- 1	Activities of	용	As	sistance of	-	Number of
	23.1		-	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	3.8	Bathing	0.0		87.8	12.2	41
Other Nursing Homes	0.0	Dressing	12.2		78.0	9.8	41
Acute Care Hospitals	73.1	Transferring	14.6		56.1	29.3	41
Psych. HospMR/DD Facilities	0.0	Toilet Use	19.5		51.2	29.3	41
Rehabilitation Hospitals	0.0	Eating	24.4		63.4	12.2	41
Other Locations	0.0	*****	*****	*****	*****	******	*****
otal Number of Admissions	26	Continence		용	Special Treatmen	ts	ક
ercent Discharges To:	1	Indwelling Or Extern	al Catheter	7.3	Receiving Resp	iratory Care	7.3
Private Home/No Home Health	34.3	Occ/Freq. Incontinen	t of Bladder	63.4	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	2.9	Occ/Freq. Incontinen	t of Bowel	48.8	Receiving Suct	ioning	0.0
Other Nursing Homes	11.4	-			Receiving Osto	my Care	0.0
Acute Care Hospitals	2.9	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	2.4	Receiving Mech	anically Altered Diets	34.1
Rehabilitation Hospitals	0.0	1 1			3	-	
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	48.6			2.4	Have Advance D	irectives	92.7
otal Number of Discharges	i	With Rashes		2.4	Medications		
(Including Deaths)	35 i			, -	Receiving Psyc	hoactive Drugs	48.8

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

************************	******	*******	******** ership:	****** Bed	******** Size:	******** Lic	******** ensure:	*****	*****
	This	Prop	orietary	50	-99	Ski	lled	Al	1
	Facility	Facility Peer		Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	용	Ratio	용	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	72.0	84.6	0.85	88.0	0.82	88.1	0.82	87.4	0.82
Current Residents from In-County	92.7	75.5	1.23	72.9	1.27	69.7	1.33	76.7	1.21
Admissions from In-County, Still Residing	42.3	18.9	2.24	20.1	2.10	21.4	1.97	19.6	2.15
Admissions/Average Daily Census	57.8	152.9	0.38	129.5	0.45	109.6	0.53	141.3	0.41
Discharges/Average Daily Census	77.8	154.8	0.50	130.3	0.60	111.3	0.70	142.5	0.55
Discharges To Private Residence/Average Daily Census	28.9	63.8	0.45	52.2	0.55	42.9	0.67	61.6	0.47
Residents Receiving Skilled Care	95.1	94.6	1.01	93.7	1.02	92.4	1.03	88.1	1.08
Residents Aged 65 and Older	90.2	93.7	0.96	94.2	0.96	93.1	0.97	87.8	1.03
Title 19 (Medicaid) Funded Residents	73.2	66.0	1.11	66.3	1.10	68.8	1.06	65.9	1.11
Private Pay Funded Residents	22.0	19.0	1.15	21.6	1.02	20.5	1.07	21.0	1.05
Developmentally Disabled Residents	0.0	0.5	0.00	0.5	0.00	0.5	0.00	6.5	0.00
Mentally Ill Residents	24.4	31.3	0.78	36.2	0.67	38.2	0.64	33.6	0.73
General Medical Service Residents	7.3	23.7	0.31	21.5	0.34	21.9	0.33	20.6	0.36
Impaired ADL (Mean)	52.7	48.4	1.09	48.4	1.09	48.0	1.10	49.4	1.07
Psychological Problems	48.8	50.1	0.97	53.4	0.91	54.9	0.89	57.4	0.85
Nursing Care Required (Mean)	5.8	6.6	0.88	6.9	0.84	7.3	0.80	7.3	0.79